

DONATION FORM

Financial Donation

Supporter's Name: _____

Address: _____
Street City State Zip Code

Primary Phone: (____) _____ e-mail: _____

This donation is in memory or honor of: _____

*Please make your check payable to – Mercy House of the Southern Tier and mail it to -
 Mercy House, 212 N. McKinley Avenue, Endicott, NY 13760.*

Donations by credit card:

Credit card: Type _____ Name on card: _____ Amount: _____

Card number: _____ Expires: _____ CVV: _____

Support of Time and Talent

Availability (days and times) : _____

What type of volunteer work are you interested in (check all that apply)

- Caregiver Overnight Caregiver Companion Office/Administrative
- Meal Preparation Household tasks Shopping/errands Gardening/Landscaping
- Handiwork Donation of food/meals/paper products
- Other/Specify _____

Support of Materials (Please Specify): _____

Support of Food Donations (Please Specify): _____

Please return this form and any donation to: Mercy House of the Southern Tier,
 212 North McKinley Avenue, Endicott, NY 13760